SUBMAY COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT

Date Shamp (Received)
AUG AUG 07 2013

Permit #: Date: Refund: Amount Paid DE. 324\$175 = A11\$HEE

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Dept.

☐ Non-Shoreland	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue → Shoreland → Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Section $\mathcal{D}_{\mathcal{Q}}$, Township $\mathcal{H}_{\mathcal{D}}$ N, Range $\mathcal{Q}_{\mathcal{Q}}$	PROJECT LOCATION Legal Description: (Use Tax Statement) SW /4, SZ 1/4 Gov't Lot Lot(s)	Authorized Agent: (Person Signing Application on ben Signing Application on	50995 Due LAKE Pd	Owner's Name: William B Fress	TYPE OF PERMIT REQUESTED→► X LAND USE ☐ SAI	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
	rer, Stream (incl. Intermittent) If yes—continue — fee fee fee fee fee fee fee fee fee	-BARMES	PIN: (23 digits)	Contractor Phone: 115-346-3570 NATE American Include City/State/Zip): Agent Phone: Agent Mailing Address (include City/State/Zip): 115-446-4270 900-Www.dw.st. Minor	Barnes WI, 54873	Signature City/State/Zip: City/State/Zip: MN	SANITARY - PRIVY - CONDITIONAL USE - SPEC	•
	eline: Is Property in Are Wetlands —feet Floodplain Zone? Present? eline: Yes —feet X_No No	Lot Size Arrease	Recorded Socument: (i.e. Property Ownership Jume Page(60 1949)	hate/Zip): 5/63 written Authorization Minong LT X Yes No	BIRY UST 270-2792	55R	SPECIAL USE ☐ B.O.A. ☐ OTHER	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Existing Structure: (f.pe Proposed Construction:				- Bull (B. M. 1)				Value at Time of Completion * include donated time & material
Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:		Property	☐ Run a Business on 🐇 🗆 No Basement	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project (What are you applying for)
ır is relevant to it)		☐ Foundation	□ No Basement	X Basement	☐ 2-Story	☐ 1-Story + Loft	X 1-Story	# of Stories and/or basement
Length:						Year Round	☐ Seasonal	Use
			□ None		X 3	2	□ 1	# of bedrooms
Width: Height: Height:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type (DIVUITA)	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
Height: /				00 gallon)	WUMAN -	Xwell	☐ City	Water

Proposed Use Y	Proposed Structure	Dimensions	Square Footage
	Principal Structure (first structure on property)	(x)	
	Residence (i.e. cabin, hunting shack, etc.)	(30×46)	1380
	with Loft	×	
Residential Use	→ with a Porch	(12 × 01)	140
8	with (2 nd) Porch	(x)	
	with a Deck	(DS × 20)	240
	with (2 nd) Deck	(x	The state of the s
Commercial Use	with Attached Garage	(x)	
	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	~ ×	Anna de de la companya de la company
	Wobile Home (manufactured date)	×	
	Addition/Aiteration (specify)	×	
Municipal Use	Accessory Building (specify)	(×	N-ministra
	Accessory Building Addition/Alteration (specify)	(x	
Rec'd for Issuance	Special Use: (explain)	(x)	veer)
	Conditional Use: (explain)	×	
AUB 26 2013	Other: (explain)	×	The second secon

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am [are] responsible for the detail and accuracy of all information i (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent:	Authorized Agent: Then A henry
c	(If you ake signing on behalf of the owner(s) a letter of authorization must accompany this app
Address to send be	Address to send permit ON INVENTAL PLANTS IN THE PASS

Owner(s): (If there are Multiple

Owners listed on

the Deed All Owners must sign

or letter(s) of authorization must accompany this application) Date

Date

Attach
Copy of Tax Statement V
If you recently purchased the property send your Recorded Deed

Show any (*):
Show any (*):

See attachment - Replacing existing calain

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet	<u></u>	Setback to Privy (Portable, Composting)
			Feet	30	Setback to Drain Field
Feet	N.Y.	Setback to Well Mew well	Feet	18	Setback to Septic Tank or Holding Tank
Feet	F.W.	Elevation of Floodplain	Feet	Z Æ	Setback from the East Lot Line Town Ro
Feet	NA	Setback from 20% Slope Area	Feet	#W_	Setback from the West Lot Line Lake
Feet	100C	Setback from Wetland	Feet	184	Setback from the South Lot Line
		-	Feet	300°+	Setback from the North Lot Line
Feet	N/A	Setback from the Bank or Bluff			**
Feet	15/1/	Setback from the River, Stream, Creek	Feet	1500+	Setback from the Established Right-of-Way
Feet	1104	Setback from the Lake (ordinary high-water mark)	Feet	1500+ Feet	Setback from the Centerline of Platted Road
ent	Measurement	Description	ent	Measurement	Description

other previously surveyed corner or marked by a licensed surveyor at the ov

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

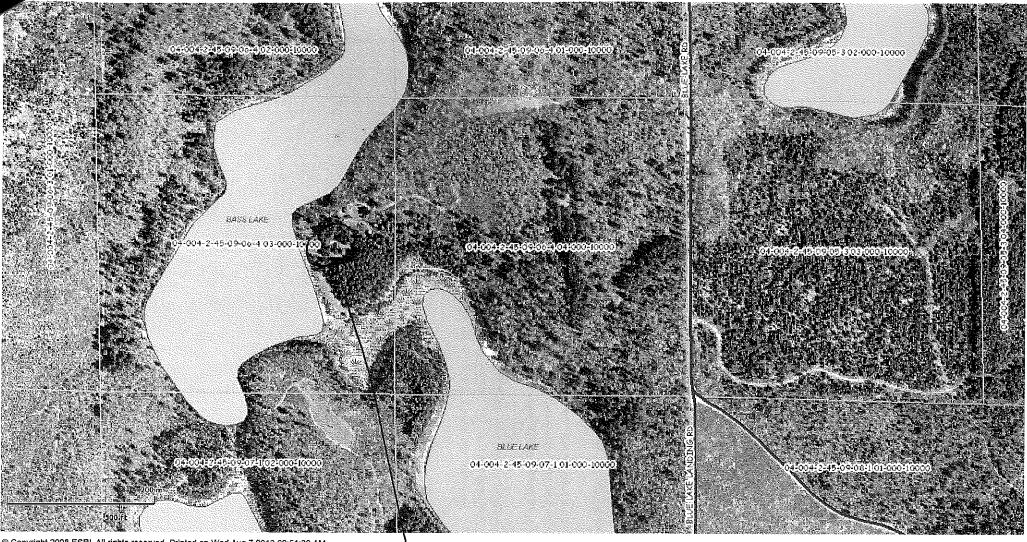
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W),

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code

Issuance Information (County Use Only) Permit Denied (Date): Permit #: 12 2 2 2 2	Sanitary Number: 12-130 S # of bedrooms: 3 Reason for Denial: Permit Date: Q_Q	Sanitary Date: 10-25-12	-/a
Is Parcel a Sub-Standard Lot Yes (Deed of Record) Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Yes	X No Mitigation Required ☐ Yes XNo XNo XNo Mitigation Attached ☐ Yes XNo	Affidavit Required	□Yes X/No □Yes X/No
Granted by Variance (B.O.A.) □ Yes ¥ No Case #:	Previously Granted by Variance (B.O.A.) □ Yes X No Case#	#	
Was Parcel Legally Created XYes □ No. Was Proposed Building Site Delineated XYes □ No.	Were Property Lines Represented by Owner Was Property Surveyed	Axes adant	
Inspection Record. Metsallsethack.		Zoning District (\digamma) Lakes Classification (\Im	
Date of inspection: $8-/3-/3$ Inst Condition(s):Town, Committee or Board Conditions Attached?	Inspected by: <i>JM futfal</i> ned? □ Yes □ No -(If <u>No</u> they need to be attached.)	Date of Re-Inspection:	
Condition(s): I own, Committee or Board Conditions Attach	yed? □ Yes □ No ⊣il <u>No</u> they need to be attached.)		
Signature of Inspector: Model Cula		Date of Approval:	,
Hold For Sanitary: X Record at Hold For TBA: X	Hold For Affidavit:		***************************************

a County, WI

Aerial Map



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existing cabin to be replaced.

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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Standard Received

Refundeiphad Permit #: \$75 8:00-1 1000 C 8-23-13

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City/State/Zip: City/State/City/State/Zip: City/State/City/State/City/State/City/State/City/State/City/State/City/State/Cit	SIST SIST SIST SIST SIST SIST SIST SIST	Telephone: (18)-483-8743 Cell Phone: (18)-376-379 Plumber Phone: 715-416-033 Written Authorization Attached 34 + 18 X Yes 5 No It. (i.e. Property Ownership)
13 (Include City, 100000	3 · · · · · · · · · · · · · · · · · · ·	hone: lle-279; lle-23; lle-33; uthorization on + 1/e No Priv Ownership)
(include City,	3 i - i <u>t</u>	whone:
(include City,	31 -	uthorization ON + / / No erty Ownership)
10000	ed Document: (i.e. Prope	erty Ownersnip,
	1 8	314.
Block(s) No. Subdivision	ision:	
Lot Size	e Acreage	
Distance Structure is from Shoreline :	L	Are Wetlands Present?
Distance Structure is from Shoreline :		□ No
and the second s		
What Sewer/San Is on the	Type of itary System property?	Water
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(New) Sanitary		Xwell
	Vaulted (min 200 gallon)	<u>(nc</u>
1 1	- Annual Control Contr	
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Width:	Height:	
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je 😤	9	rledge that I (we)
Section OLCrownship ALSNN w, Range DQ	Lot Siz Lot Si	Lot Size Lot Size If feet If y If y

Owner(s):

(If there are Multiple Owners listed on the Deed

All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit $\frac{\widetilde{q}\widetilde{0}}{0}$

Margare

Mudan

628K npany this

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

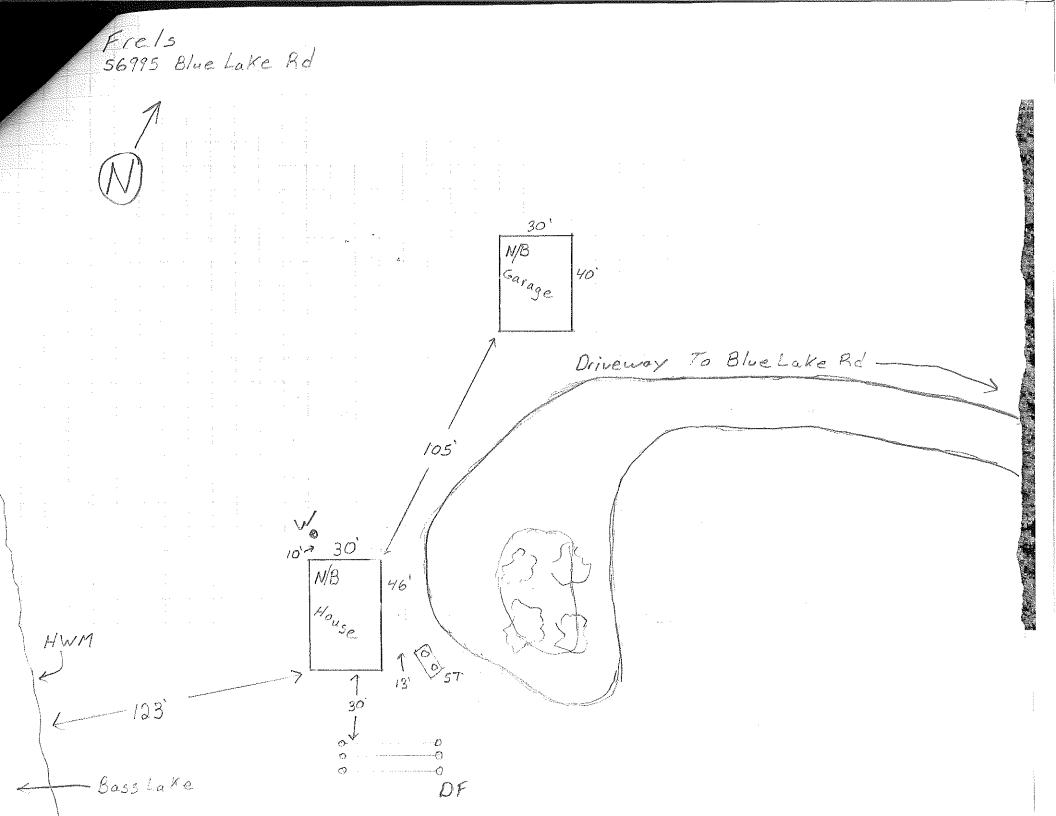
Date

Authorized Agent:

(If you are signif

n behalf of the owner(s)

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VO. 1	∵	s □ No -{If	or Board Conditions Attac	% : 시
tion		Inspected by:	all set paces.	Meta of Inspection:
Zoning District (F-)	Was Pr			Was Proposed Buildin
sented by Owner Syes	Were Property Lines Represented by Owner		Legally Created XYes \(\sigma \) No	Was Parcel Legally Created
Variance (B.O.A.)	Previously Granted by Varianc		(⊢	Granted by Variance (B.O.A.)
XNo Affidavit Required □ Yes X No Affidavit Attached □ Yes X No	Mitigation Required	ous Lot(s)) XNO	ndard Lot Yes (Deed of Record) whership Yes (Fused/Contiguous Lot(s))	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
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drooms: Sanitary Date:	# of bedrooms:	Sanitary Number: Reason for Denial:	Issuance Information (County Use Only) Permit Denied (Date):	Issuance Informati Permit Denied (Date):
Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	, Septic Tank (ST). Drain field (I n the Date of Issuance if Constru Municipalities Are Required To I Federal agencies may also requi	(s) of New Construction s Expire One (1) Year from wo Family Dwelling: ALL wn, Village, City, State or I	te or Mark Proposed Location NOTICE: All Land Use Permit The Construction Of New One & 1 The local To	(9) Stal
y line from which the setback must be measur or within 500 feet of the proposed site of the s	the minimum required setback, the boundar of a corrected compass from a known corre	ner's expense. but less than thirty (30) feet from erifable by the Department by use	r or marked by a licensed surveyor at the ow uction of a structure more than ten (10) feet to the other previously surveyed corner, or v the owner's expense.	her previously surveyed corne ior to the placement or constr ie previously surveyed corner arked by a licensed surveyor a
he measured must be visible from one	houndary line from which the cothack min	Feet Feet Setback the	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of t	etback to Privy (Porta
. So Feet	Setback to Well	Feet Feet	Tank or Holding Tank	Setback to Septic Tank Setback to Drain Field
NA	Elevation of Floodplain	Town Rof Feet	Lot Line :	Setback from the East Lot Line
Area 30 Feet	Setback from Wetland Setback from 20% Sinne L	600+ Feet	h Lot Line	Setback from the South Lot Line
704	Setback from the Bank or		h Lot Line	etback from the Nort
rdinary high-water mark) Stream, Creek All Feet	Setback from the Lake (ordinary high-v	1500 Feet	from the Centerline of Platted Road from the Established Right-of-Way	Setback from the Cent
Description Measurement	Descr	Measurement	Description	De
Changes in plans must be approved by the Planning & Zoning Dept.	Changes in p	g) t point)	Please complete (1) (/) above (prior to continuing) (8) Setbacks: (measured to the closest point)	Please complete (3) Sett
			- (7) above (prior to continuin	Please complete (1
ng Tank (HT) and/or (*) Privy (P)	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Ro: All Existing Structures on your Pro (*) Well (W); (*) Septic Tank (ST); (*) Lake; (*) River; (*) Stream/Cre (*) Wetlands; or (*) Slopes over 2	/Indicate: : Location of (*): any (*): any (*):	(2) Show (3) Show! (4) Show: (5) Show: (7) Show:



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp Recessed U

ENTERLI Date: Permit #: Amount Paid: K 8.28.13 3,83 E

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

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MAY 2

2 2013

Baylield Co. Zoning Dep

Refund:

Constitution without a permit will result in penalties	300000000000000000000000000000000000000	Ö	Rec'd for a gray	MANAGEMENT CONTRACTOR OF THE PROPERTY OF THE P	A SA	A Municipal Hea			☐ Commercial Use				Residential Use				Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)			Run	□ Relo	\$ Add		material	me ion	X Non-Shoreland		☐ Shoreland —▶ ☐ Is Pr		Section 2 7 , To		SE 1/4, SW 1/4	LOCATION Legal D		Authorized Agent: (Person Signin	Contractor:	A S S O	Address of Property:	ļ
	Other	-	Specia	☐ Access	-	+	_	1	+	and the second s						☐ Princîp	\		mit being applied	The state of the s	Property	Run a Business on	Relocate (existing bldg)	Addition/Aiteration	New Constitution	· Capetrisetian	Project (What are you applying for)			operty/Land with	operty/Land with	Township 45	, ,		Legal Description: (Use		(Person Signing Application on behalf of Owner(s))	113		Darnes	•
	Other: (explain)	Conditional Hear (explain)	Special Use: (explain)	Accessory Building Addition/Alteration	Accessory Building (specify)	1-	Mobile Home (manufactured date)	Bunkhouse W/ (□ sanitary, or □ steephing quarters,	with Attached Garage	With (x) Dock	with (2 nd) Dack	With (2) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first stru			for is relevant to it)		☐ Foundation	1 1	Basement		1-Story + I off		# of Stories and/or basement	to make the state of the state		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	N, Range W	o	Gov't Lot Lot(s) C	(Use Tax Statement) 04-			Cont	.0.0	Otw/	- 1
		TIN DROS	,	/Alteration (specify)	V)	(Y)	date)	Seebing quarters,	arage			11114 To 11144		11111	g shack, etc.)	(first structure on property)	Proposed Structure	Length:	Length:			The state of the s	, , , , , , , , , , , , , , , , , , ,		- 1	□ Seasonal	Use		ļ	Pond or Flowage If yescontinue —	eam (ind. Intermittent) yes-continue>	Barn	Town of:	CSM Vol & Page	4-2-45-04	795-2573 PIN: (23 digits)		Contractor Phone: Plu		City/State/Zip:	_
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JAN EN LOS CONTRACTOR		100		i i i i i i i i i i i i i i i i i i i			1.000	100 cm	or Ti cooking & food prep facilities)		T AND THE PERSON NAMED IN COLUMN	4		- 1				WIGHT:	Width:	1	□ None	□ Portable (w/service				☐ Municipal/City	Sew			Distance Structure is from Shoreline: fee	cture is from Shoreline :			Block(s) No.	10		ress (include City/Si	:		Darnes V	1
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))))						Footage		7 A)0 gallon)	111111111111111111111111111111111111111	□ Well	☐ City	Water				one? Are Wetlands	22.52)	99 1		Page(s) ATU	X Yes No (i.e. Property Ownership)	Written Authorization Attached	Plumber Phone:		Cell Phone:	ころてー・イメタ

Authorized Agent: 🔀

(If you are

signing on behalf of the owner(s) a letter

authorization must accompany this

accompany this application)

Date

Date

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Address to send permit.

360

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Z

Barnes

54873

Date of Approval 13	Date of			tele	and fla	Michigan	Signature of Inspector:
					7	Mode	26
Hispection	Date of Re-inspection	led.)	If No they need to be attached.)	pected by: // □ Yes □ No	Conditions Attac	S-15 Ittee or B	Date of Inspection Condition(s):Tow
ict (\mathcal{M})	Zoning District Lakes Classification				wement	'n	Inspection Record: Meta al
□ No	ed XYes	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Lines	NA	X Yes □ No □ Yes □ No	Was Parcel Legally Created Was Proposed Building Site Delineated	Was Proposed
	Case #:	(B.O.A.)	Previously Granted by Variance ☐ Yes X No				Granted by Varia
irred &CYes ⊕No ched &CYes □ No	Affidavit Required Affidavit Attached	□ Yes XNo □ Yes XNo	Mitigation Required Mitigation Attached	□X;X,	☐ Yes: (Deed of Record) ☐ Yes: (Fused/Contiguous,Jot(s)) ☐ Yes: (Fused/Contiguous,Jot(s))	rd Lot ership	is Parcel a S is Parcel in Com is Structure N
			8-73	Permit Date: 8-28		8-057	Permit #: 13-05
P	Sanitary Date:	# of bedrooms:		Sanitary Number:	se Only)	Issuance Information (County Use Only)	ssuance Info
ode.	as not begun. iform Dwelling Co	onstruction or Use had to Enforce The Unorganical Permits.	the Date of Issuance if C Municipalities Are Requir Federal agencies may also	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	Land Use Permits Of New One & To The local Tov	Stake or Mark Proj NOTICE: All For The Construction	(9)
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Feet	ater mark)	Setback from the Lake (ordinary high-water mark) Setback from the River Stream, Creek	Setback from the La	Feet	Road	Setback from the Centerline of Platted Road	etback from the
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Changes in plans must be approved by the Planning & Zoning Dept.	ipproved by the P	es in plans must be a	Chang	point)	d to the closest	Setbacks: (measured to the closest point)	(8)
ianning 8, 7nning Don't)	ior to continuing	Please complete (1) - (7) above (prior to continuing)	Please compli
	d/or (*) Privy (P)	olding Tank (HT) an	I (Name Frontage Road) werty brain Field (DF); (*) H k; or (*) Pond %	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property All Existing Structures on Your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	North (N) on Plot Plan (*) Driveway and (*) Fro All Existing Structures o (*) Well (W); (*) Septic (*) Lake; (*) River; (*) S (*) Wetlands; or (*) Slo	Show / Indicate: Show Location of (*): Show: Show: Show: Show: Show any (*): Show any (*):	(7) 66 (5) (4) (3) (2) E
-				(1) Chamber of Proposed Construction	יייייייייין לי		

od County, WI



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SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Reserve Of AUG 2 1 2013

Permit #: Refund: Date: Amount Paid: 8-28-13 8-21-13 3-6374 ENTERED

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Secretarial Staff		ು ಶ	lec'd for Issuance		Municipal Use				☐ Commercial Use				X Residential Use			Proposed Use		Proposed Construction:	Existing Structure:					150001	·		Value at Time of Completion * include donated time & material	The control of the co	X Non-Shoreland	Shoreland —		Section 14	NE 1/4,	PROJECT LOCATION	Anninitzen Wertt (Leisen Stilliße übergenen ein seinen er ownerlei)	Brtwere	'	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED -> SLILAND USE SANITARY PROPERTY PARTY PROPERTY PARTY PARTY PROPERTY PARTY PROPERTY PR
	-		Ö	_					Use			1	Jse					ction:	10.000		Property	🗆 Run a E	□ Relocat	☐ Conversion	☐ Additic	New Co	Pr (What are y			□ Is Prop	☐ Is Prop Creek or	Township	SE 1/4	Legal Description:	SEIIIISIC EIOCEA	e Lui	LLIGAN	-	7	CTION UNTIL
U Ciner: (explain)		_		┡	Accesso		□ Mobile	□ Bunkho							☐ Residence				being applied	A STATE OF THE STA	, V	Run a Business on	Relocate (existing bldg)	sion	Addition/Alteration	New Construction	Project (What are you applying for)			erty/Land with	erty/Land with Landward side	44	•	-	zipincacioni on oci	LUMBER (MULICAN CREEK	7 th 12 bot		ALL PERMITS H
explain)	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (spe	Addition/Alteration (sp	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch		Residence (i.e. cabin, hunting shack, etc.)	Cturatura /first			(if permit being applied for is relevant to it)		☐ Foundation	1,	☐ Basement	□ 2-Story	ů	X 1-Story	# of Stories and/or basement			☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	N, Range	GOV t LOt	tatement)		o,	*	, M		ERMITS HAVE BEEN ISSUED TO A
				ion/Alter	(specify)	(specify)	red date)	v, <u>or</u> □ slee	d Garage	Ç.		rch		d	ting shack	Prop		Ler	Ler		3	ent			×		s s			e, Pond or Flowage If yescontinue	r, Stream (i	W	SM	91. (23 digits)	7660	Aront Dhone	Contractor Phone:	- A	زا منز	SANITARY
				ation (specif	7016 F			eping quarter		- Aller - Alle				77	c. etc.)	Proposed Structure		Length: ろの	Length:						Year Round	Seasonal	Use			Flowage ontinue —	ncl. Intermittent)	(U)	MRS HOF	4			BARNES 1	Zip:	STA	\$ 8
	1444			fy)	B406.									The second secon		ture		O				X None		3	1 2	 	# of bedrooms			Distance Structure	Distance Structure	SARNES	4A Louis No.	+	9.00 manus	Agent Mailing	Plumber:		70	2. CONDITIONAL USE
		The state of the s						cooking & food prep facilities)			and the second s	· ·						Width:		None		□ Port	□ Priv	Sanit	□ (Nev	□ Mun	IJ.						No. Biock(s) No.	⊣.	Petr manne Summer Summer	Addrage finch	· Wi		City/State/Zip: MENOMOンげ,	IT THIS APPLICA
								facilities)										2,5		P	Compost Toilet	Portable (w/service co	Privy (Pit) or	Sanitary (Exists) Specify Type: Coludi	(New) Sanitary	Municipal/City	W Sewer Is or			is from Shoreline :	is from Shoreline :			+		de City/Sta	54%	<u>'</u>	(4)(O)(PLICATION (visit our wel
1			·		(30	((((((_	7	/ DI					et	rvice cont	□ Vaul	ts) Specif	Spec	У	What Type of Sewer/Sanitary Syste Is on the property?			—	*	For Size	Subdivision	Volume	.	10/Zin)-	54873	:	7,	
	< ×	×		×	×	×	×	×	×	×	×	×	×	×	×	imensions		Hei	Height:			ntract)	ted (min	y Type: <u>C</u>	ify Type:		pe of ry System operty?			□ Yes	Is Property in Floodplain Zone?		-	8/0					1524	B.O.A
-	- -	. _		<u> </u> _	۲	_	}	_)	_	-)	-	-	_ -	- *		Height: /	3ht:				Vaulted (min 200 gallon)	aud.						0 %	rty in 1 Zone?	Heage Heage	•	Page(s)	Attached	Written A	Plumber Phone:	Cell Phone:	Telephone	e www.bayfieldcounty.org/zo B.O.A. DTHER
					96041	ì		The state of the s		A SANTANASAN CONTRACTOR						Footage	Square	C			Appropriate Control of			<u> </u>	_ ∑ well	□ City	Water			□ Yes ※ No	Are Wetlands Present?	*		810 Page(s) 494	No	Written Authorization	//S-308-0 +>1	2" <u>1</u>	Telephone: 715-235-4774	ite www.bayfieldcounty.org/zoning/asp)

Address to send permit 820

Authorized Agent:

Owner(s): (If there are Multiple

No expression the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

8-20-13

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) 87 - 100 = 10

MARIES

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MENDINOSOIE

S475/ Copy of Tax Statement V

If you recently purchased the property send your Recorded Deed

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

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SUBMIT: COMPLETED APPLICATION TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT Date Staffa)(Received)
AUG 27 2013

Refund:	Amount Paid:	Date:	Permit #:
	\$-29-19	8-30-13	13/02/A TIL

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

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55 755	72A	Jeffry WBritton			ress:	City/	čip:	() () ()		7 Island	Telephone: 795-20	phone: 195-2056
Address of Property:	of Property: 755 George	take	2	City/state/Zip:	5	27 54 10	4873			Cell	Cell Phone:	
	رر			Contractor Phone:		ã		***************************************	A LIPPORT DE LA CONTRACTOR DE LA CONTRAC	Plun	Plumber Phone:	ne:
Authorized Agent: (Per	(Person Signing Application on behalf of Owner(s))	ation on behalf		Agent Phone:	_	Agent Mailing Address (include City/State/Zip):	dress (include Cit	City/State/	Zip):	Writ Atta	Written Authorization Attached Pes No	orization
PROJECT LOCATION	Legal Description:		(Use Tax Statement)	PIN: (23 digits) 04-004-2-	2-45-09-	9-18-100-	951		orded Doc	Recorded Document: (i.e. Property Ownership Volume 796 Page(s) 776	Property Page(s)	Ownership
NE 1/4,	1/4	Gov't Lot	Lat Lot(s)	CSM	Vol & Page	Lot(s) No. 4//チ/み	ᄪ		on ion	toni E	Estates	18
Section 10	Township	45	N, Range 9	W	Town of:	PONES		Lot Size	•		Acreage -, 288	8
	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	/Land within dward side of	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue	, Stream (Incl. Intermit	cl. Intermittent)	Distance Structure		is from Shoreline :	A	Is Property in Floodplain Zone?		Are Wetland: Present?
Shoreland —	二 is Property	/Land within	Is Property/Land within 1000 feet of Lake,	e, Pond or Flowage If yescontinue	lowage mtinue —▶	Distance Structure		is from Shoreline :	*	∏ Yes XNo		∇ Yes
Non-Shoreland												
Value at Time of Completion * include donated time & material	Project (What are you applying for)	ct pplying for)	# of Stories and/or basement	ent	Use	# of bedrooms		What Type of Sewer/Sanitary System is on the property?	What Type of er/Sanitary Sys on the propert	e of y System perty?		Water
1.	New Construction	ruction	1-Story	+	☐ Seasonal		☐ Munici	Municipal/City	,			□ City
\$ 14,000	☐ Addition/Alteration☐ Conversion☐	lteration	∑ 1-Story + Lo ☐ 2-Story	Loft	X. Year Round	3 2		(New) Sanitary Sanitary (Exists)	Specify Type:	ype: Co	Conv	
	Relocate (existing bldg) Run a Business on	xisting bldg)	☐ No Basement	4		X None	Portable (w/se	Portable (w/service con	re contra	ce contract)	galionj	
	Property				A COLUMN TO THE) ionic	1 1 1	Compost Toilet None	TO COLLEGE	100		
Existing Structure: (If permit being applied for is relevant to it)	(if permit beir	ng applied for	is relevant to it)	Length:	gth:		Width:			Height:		
Proposed Construction:	tion:			Length:	gth: 26	6	Width:	32		Height:	1	6
Proposed Use	\			Propo	Proposed Structure	re			Dim	Dimensions		Square Footage
:		Principal S Residence	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	structure c	on property) , etc.)	L. Q. and and and and and and and	www.frrwrwwwaifferd-filliody-devillabeted-devilla			××		
			with Loft		to the second se					×		
Residential Use	se		with a Porch							×		
			with a Deck							×		
			with (2 nd) Deck	\$ 	-					×		
☐ Commercial Use	lse		with Attached Garage	d Garage			the section of the se	A CONTRACTOR OF THE CONTRACTOR				
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☐ Municipal Use	" ≰ □	Accessory Building	Accessory Building (specify) Accessory Building (specify)	ار ا	Grage				3	× × ×		XX 22
		Accessory	Accessory Building Addition/Alteration (specify)	ion/Altera	tion (specify			New Transfer		×	+	
Rec'd for Issuance	92	Special Us	Special Use: (explain)]		×		
		Condition	Conditional Use: (explain)			i i de a pro-proprio programa.						
		Other: (explain)	plain)							×		

Address to send permit_

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(s) a letter of

must accompany this

Date

Date

8-26-13

Attach
Copy of Tax Statement V

Authorized Agent:

(If you are signing on behalf of the

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